

**California Code of Regulations**  
**Title 22. Social Security**  
**Division 9. Prehospital Emergency Medical Services**  
**Chapter 3. Emergency Medical Technician-II**

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**Article 1. Definitions**

**100101. EMT-II Approving Authority.**

"EMT-II Approving Authority" means the local Emergency Medical Services Agency.

NOTE: Authority cited: Sections 1797.107 and 1797.171, Health and Safety Code.

Reference: Sections 1797.171, 1797.200 and 1797.208, Health and Safety Code.

**100102. EMT-II Certifying Authority.**

"EMT-II Certifying Authority" means the medical director of the local EMS Agency.

NOTE: Authority cited: Sections 1797.107 and 1797.171, Health and Safety Code.

Reference: Sections 1797.171 and 1797.210, Health and Safety Code.

**100103. Emergency Medical Technician-II.**

"Emergency Medical Technician-II" or "EMT-II" means an EMT-I who has been educated and trained in specific prehospital advanced life support topics and skills, whose scope of practice to provide limited advanced life support is in accordance with the standards prescribed by this Chapter, and who has a valid certificate issued pursuant to this Chapter.

NOTE: Authority cited: Sections 1797.107 and 1797.171, Health and Safety Code.

Reference: Sections 1797.82 and 1797.171, Health and Safety Code.

**100104. Certifying Examination.**

"Certifying Examination," as used in this Chapter, means an examination either administered by or approved by the EMT-II Certifying Authority and given to an individual applying for certification as an EMT-II. The examination shall include both written and skills testing portions designed to determine an individual's competence for certification as an EMT-II.

NOTE: Authority cited: Sections 1797.107, 1797.171 and 1797.175, Health and Safety Code.

Reference: Sections 1797.171, 1797.175 and 1797.210, Health and Safety Code.

**Article 2. General Provisions**

**100105. Application of Chapter.**

(a) Any local EMS Agency which authorizes an EMT-II training program, or a limited advanced life support service which provides services utilizing EMT-II personnel, shall be responsible for approving EMT-II training programs, EMT-II service providers, EMT-II base hospitals, and for developing and enforcing standards, regulations, policies, and procedures in accordance with this Chapter so as to provide for quality assurance, appropriate medical control and coordination of

the EMT-II personnel and training program(s) within an EMS system.

(b) No person or organization shall offer an EMT-II training program or hold themselves out as offering an EMT-II training program, or provide limited advanced life support services, or hold themselves out as providing limited advanced life support services utilizing EMT-IIs unless that person or organization is authorized by the local EMS Agency.

(c) A local EMS agency shall not authorize the displacement of existing advanced life support services (EMT-P) with limited advanced life support services (EMT-II) without first determining that the geography, population density, and resources render continuation of advanced life support services infeasible.

NOTE: Authority cited: Sections 1797.107 and 1797.171, Health and Safety Code.

Reference: Sections 1797.171, 1797.178, 1797.200, 1797.204, 1797.206, 1797.208, 1797.218, 1797.220, 1798 and 1798.100, Health and Safety Code.

### **100106. Scope of Practice of Emergency Medical Technician II (EMT-II).**

(a) An EMT-II may perform any activity identified in the scope of practice of an EMT-I in Chapter 2 of this Division.

(b) A certified EMT-II or an EMT-II trainee, while caring for patients in a hospital as part of their training or continuing education, under the direct supervision of a physician or registered nurse, or while at the scene of a medical emergency or during transport, or during interfacility transfer when medical direction is maintained by a physician or an authorized registered nurse and according to the policies and procedures approved by the local EMS Agency, may:

- (1) Perform pulmonary ventilation by use of the esophageal airway.
- (2) Institute intravenous (IV) catheters, needle or other cannulae (IV lines), in peripheral veins.
- (3) Administer intravenous glucose solutions or isotonic balanced salt solutions, including Ringer's lactate solution.
- (4) Obtain venous blood samples for laboratory analysis.
- (5) Apply and use pneumatic antishock trousers.
- (6) Administer, using prepackaged products where available, the following drugs:
  - (A) Sublingual nitroglycerine preparations;
  - (B) syrup of ipecac;
  - (C) lidocaine hydrochloride;
  - (D) atropine sulfate;
  - (E) sodium bicarbonate;
  - (F) naloxone;
  - (G) furosemide;
  - (H) epinephrine; and
  - (I) 50% dextrose.
- (7) Defibrillate a patient in ventricular fibrillation.
- (8) Cardiovert an unconscious patient in ventricular tachycardia.
- (9) Assess and manage patients with the conditions listed in Section 100120 of this Chapter.
- (10) Perform the following optional procedures or administer the following optional drugs when such are approved by the medical director of the local EMS Agency,

and included in the written policies and procedures of the local EMS Agency, and when the EMT-II has been trained and successfully tested in those topics and skills as required to demonstrate competence in the additional practice(s):

- (A) Perform gastric suction by nasogastric or orogastric intubation or through the esophageal gastric tube airway;
- (B) visualize the airway by use of the laryngoscope and remove foreign body(ies) with forceps in airway obstruction;
- (C) perform pulmonary ventilation by use of endotracheal intubation;
- (D) administer calcium chloride;
- (E) administer morphine sulfate; and
- (F) utilize snake bite kits and constricting bands.

(c) The local EMS Agency may approve policies and procedures to be used in the event that an EMT-II at the scene of an emergency attempts direct voice contact with a physician or authorized registered nurse but cannot establish or maintain that contact and reasonably determines that a delay in treatment may jeopardize the life of a patient. The EMT-II may initiate any EMT-II activity authorized in this section in which the EMT-II has received training, when authorized by the policies and procedures of the local EMS Agency, and certification until such direct communication may be established and maintained or until the patient is brought to a general acute care hospital.

(d) An EMT-II may initiate only the following forms of emergency treatment prior to attempting voice or telemetry contact with a physician or authorized registered nurse in accordance with written policies and procedures approved by the local EMS Agency:

- (1) Administer intravenous glucose solutions or isotonic balanced salt solutions, including Ringer's lactate solution, when it is reasonably determined that the patient has sustained cardiac or respiratory arrest or is in extremis from circulatory shock.
- (2) Perform pulmonary ventilation by use of an esophageal airway, or endotracheal intubation if certified to do so, when it is reasonably determined that a patient has sustained respiratory arrest.
- (3) Apply and use pneumatic antishock trousers when it is reasonably determined that the condition of the patient necessitates such action.
- (4) Defibrillate a patient in ventricular fibrillation.
- (5) Cardiovert an unconscious patient in ventricular tachycardia.
- (6) Visualize the airway by use of the laryngoscope and remove foreign body(ies) with forceps in complete airway obstruction.

(e) In each instance where limited advanced life support procedures are initiated in accordance with the provisions of subsection (c) of this section, immediately upon ability to make voice contact, the EMT-II who has initiated such procedures shall make a verbal report to the EMT-II base or satellite hospital physician or authorized registered nurse. Written documentation of the event shall be filed with the EMT-II base hospital physician, when possible, immediately upon delivery of the patient to a hospital, but in no case shall the filing of such documentation be delayed more than twenty-four (24) hours. Documentation shall contain the reason or reasons, or suspected reason or reasons, why the communication failed and the emergency medical procedures initiated and maintained, including, but not limited to, evaluation of the patient, treatment decisions, and responses to treatment by the patient. The base hospital physician shall evaluate this report and forward the report and evaluation to the medical director of the local EMS Agency within seventy-two (72) hours.

(f) The scope of practice of an EMT-II shall not exceed those activities authorized in this section unless specifically approved in accordance with the provisions of subsection (b)(10) of this section.

NOTE: Authority cited: Sections 1797.107 and 1797.171, Health and Safety Code.

Reference: Sections 1797.171 and 1798.4, Health and Safety Code.

### **100107. Responsibility of the Local EMS Agency.**

The local EMS Agency, which authorizes a limited advanced life support program, shall establish policies and procedures which shall include, but not be limited to, the following:

(a) Development or approval, monitoring, and enforcement of standards, policies, and procedures for the EMS system which relates to the EMT-II.

(b) Approval, denial, revocation of approval, and suspension of training programs, EMT-II base and satellite hospitals, and EMT-II service providers.

(c) Assurance of compliance of the EMT-II training program and the EMS system with the provisions of this Chapter.

(d) Submission annually to the State EMS Authority the names of approved EMT-II training programs and the number of currently certified EMT-IIs.

(e) Monitoring and evaluation of the EMS system as it applies to EMT-II personnel.

(f) Development or approval, implementation and enforcement of policies for medical control and medical accountability for the EMT-II including:

(1) General treatment and triage protocols.

(2) EMT-II patient care record and reporting requirements.

(3) Field medical care protocols.

(4) Medical care audit system.

(5) Role and responsibility of the EMT-II base and satellite hospital and EMT-II service provider.

(g) System data collection and evaluation.

NOTE: Authority cited: Sections 1797.107 and 1797.171, Health and Safety Code.

Reference: Sections 1797.171, 1797.178, 1797.200, 1797.202, 1797.204, 1797.206, 1797.208, 1797.210, 1797.220, 1798 and 1798.100, Health and Safety Code.

## **Article 3. Program Requirements for EMT-II Training Programs**

### **100108. Approved Training Programs.**

(a) The purpose of an EMT-II training program shall be to prepare eligible EMT-IIs to render prehospital limited advanced life support within an organized EMS system.

(b) EMT-II training shall be offered only by approved training programs. Eligibility for training program approval shall be limited to the following institutions:

(1) Accredited universities and colleges, including junior and community colleges, and private post-secondary schools.

(2) Medical training units of a branch of the Armed Forces or Coast Guard of the United States.

(3) Licensed general acute care hospitals which meet the following criteria:

(A) Hold a special permit to operate a Basic or Comprehensive Emergency Medical Service pursuant to the provisions of Division 5; and

- (B) Provide continuing education to other health care professionals.
- (4) Agencies of government.

NOTE: Authority cited: Sections 1797.107, 1797.171, 1797.173, Health and Safety Code.

Reference: Sections 1797.171, 1797.173 and 1797.208, Health and Safety Code.

### **100109. Teaching Staff.**

(a) Each program shall have an approved program medical director who shall be a physician currently licensed in the State of California, who has two (2) years academic or clinical experience in emergency medicine in the last five (5) years, and who is qualified by education or experience in methods of instruction. Duties of the program medical director shall include, but not be limited to:

- (1) Approval of all course content.
- (2) Approval of content of all written and skills examination.
- (3) Approval of provision for hospital clinical and field internship experiences.
- (4) Approval of principal instructor(s) qualifications.

(b) Each program shall have an approved course director who shall be a physician or registered nurse currently licensed in the State of California, or an individual who holds a baccalaureate degree or equivalent in a related health field or equivalent. The course director shall have a minimum of one year experience in an administrative or management level position and have a minimum two (2) years academic or clinical experience in prehospital care education within the last five (5) years. Duties of the course director shall include but not be limited to:

- (1) Administration of the training program.
- (2) In coordination with the program medical director, approve the principal instructor, teaching assistants, field preceptors, clinical and internship assignments, and coordinate the development of curriculum.
- (3) Ensure training program compliance with this Chapter and other related laws.
- (4) Sign all course completion records.

(c) Each program shall have a principal instructor(s) who may also be the program medical director or course director, who shall:

- (1) Be a physician, registered nurse, or a physician assistant currently licensed in the State of California; or
- (2) Be an EMT-P or an EMT-II currently certified in the State of California.
- (3) Have two (2) years academic or clinical experience in emergency medicine within the last five (5) years.
- (4) Be approved by the course director in coordination with the program medical director as qualified to teach those sections of the course to which s/he is assigned.
- (5) Be responsible for areas including, but not limited to, curriculum development, course coordination, and instruction.

(d) Each program may have a teaching assistant(s) who shall be an individual(s) qualified by training and experience to assist with the teaching of the course and shall be approved by the course director in coordination with the program medical director as qualified to assist in teaching the topics to which the assistant is to be assigned. A teaching assistant shall be directly supervised by a principal instructor, the

course director, and/or the program medical director.

(e) Each program shall have a field preceptor(s) who shall:

- (1) Be a physician, registered nurse, or physician assistant currently licensed in the State of California; or
- (2) Be an EMT-P or an EMT-II currently certified in the State of California; and
- (3) Have two (2) years academic or clinical experience in emergency medicine within the last five (5) years.
- (4) Be approved by the course director in coordination with the program medical director to provide training and evaluation of an EMT-II trainee during field internship with an authorized service provider.
- (5) Be under the supervision of a principal instructor, the course director and/or program medical director.

(f) Each program shall have a hospital clinical preceptor(s) who shall:

- (1) Be a physician, registered nurse, or physician assistant who is currently licensed in the State of California.
- (2) Have two (2) years academic or clinical experience in emergency medicine within the last five (5) years.
- (3) Be approved by the course director in coordination with the program medical director to provide evaluation of an EMT-II trainee during the clinical training.

NOTE: Authority cited: Sections 1797.107 and 1797.171, Health and Safety Code.

Reference: Sections 1797.171 and 1797.208, Health and Safety Code.

### **100110. Didactic and Skills Laboratory.**

An approved EMT-II training program shall assure that no more than six (^) trainees are assigned to one (1) instructor/teaching assistant during the skills practice/laboratory sessions.

NOTE: Authority cited: Sections 1797.107, 1797.171 and 1797.173, Health and Safety Code.

Reference: Sections: 1797.171, 1797.173 and 1797.208, Health and Safety Code.

### **100111. Hospital Clinical Training for EMT-II.**

- (a) An approved EMT-II training program shall provide for and monitor a supervised clinical experience at a hospital(s) which is licensed as a general acute care hospital.
- (b) At least fifty (50) percent of the clinical experience shall be obtained from the EMT-II trainee's assigned base hospital.
- (c) Training programs in nonhospital institutions shall enter into a written agreement(s) with a licensed general acute care hospital(s) which holds a permit to operate a Basic or Comprehensive Emergency Medical Service for the purpose of providing this supervised clinical experience as well as a clinical preceptor(s) to instruct and evaluate the student.
- (d) EMT-II clinical training hospital(s) shall provide clinical experience, supervised by a clinical preceptor(s) approved by the training program medical director. Hospitals providing clinical training and experience shall be approved by the program medical director, and shall provide for continuous assessment of student performance. No more than two (2) trainees will be assigned to one (1) preceptor during the supervised hospital clinical experience at any one time. The clinical preceptor may

assign the trainee to another health professional for selected clinical experience. Clinical experience shall be monitored by the training program staff and shall include direct patient care responsibilities including the administration of additional drugs which are designed to result in the competencies specified in this Chapter. Clinical assignments shall include, but not be limited to: emergency, surgical, cardiac, obstetric, and pediatric patients.

(e) Clinical activities may be instituted on a modular basis.

(f) The EMT-II training program shall establish criteria to be used by clinical preceptors to evaluate trainees. Verification of successful performance in the prehospital setting shall be required prior to course completion or certification.

NOTE: Authority cited: Sections 1797.107, 1797.171 and 1797.173, Health and Safety Code.

Reference: Sections 1797.171, 1797.173 and 1797.208, Health and Safety Code.

### **100112. Field Internship.**

(a) An approved EMT-II training program shall provide for and monitor a field internship with a designated EMT-II or EMT-P service provider(s) approved by the training program medical director and affiliated with a designated base hospital.

(b) After obtaining the approval of the local EMS Agency the EMT-II training program shall enter into a written agreement with an EMT-II or EMT-P service provider(s) to provide for this field internship, as well as for a field preceptor(s) to directly supervise, instruct and evaluate students. The field internship shall include direct patient care responsibilities which, when combined with the other parts of the training program, shall result in the EMT-II competencies specified in this Chapter.

(c) The field internship shall be medically supervised and monitored in accordance with the policies of the local EMS Agency.

(d) No more than one (1) EMT-II trainee shall be assigned to an EMT-II response vehicle during the field internship.

(e) Field internship may be instituted on a modular basis.

(f) The EMT-II training program shall establish evaluation criteria to be used by field preceptors to evaluate trainees.

NOTE: Authority cited: Sections 1797.107, 1797.171 and 1797.173, Health and Safety Code.

Reference: Sections 1797.171, 1797.173 and 1797.208, Health and Safety Code.

### **100113. Procedure for Program Approval.**

(a) Eligible training institutions as defined in Section 100108 of this Chapter, that wish to be approved as an EMT-II training program shall submit a written request for EMT-II program approval to the EMT-II Approving Authority.

(b) The EMT-II Approving Authority shall receive and review the following prior to program approval:

(1) A statement of course objectives.

(2) A course outline.

(3) Performance objectives for each skill.

(4) The name and qualifications of the training program course director, program medical director, and principal instructors.

(5) Provisions for supervised hospital clinical training, including standardized forms for evaluating EMT-II trainees.

(6) Provisions for supervised field internship, including standardized forms for evaluating EMT-II trainees.

(7) The location at which the course(s) are to be offered and their proposed dates.

(c) The EMT-II Approving Authority shall review the following prior to program approval:

(1) Samples of written and skills examinations used for periodic testing.

(2) A final skills competency examination.

(3) A final written examination.

(4) Evidence that the program provides adequate facilities, equipment, examination security, and student record keeping.

(d) The EMT-II Approving Authority shall make available to the State EMS Authority, upon request, any or all materials submitted pursuant to this Section by an approved EMT-II training program in order to allow the State EMS Authority to make the determinations required by Section 1797.173 of the Health and Safety Code.

NOTE: Authority cited: Sections 1797.107 and 1797.171, Health and Safety Code.

Reference: Sections 1797.171, 1797.173 and 1797.208. Health and Safety Code.

#### **100114. Program Approval.**

(a) Program approval or disapproval shall be made in writing by the EMT-II Approving Authority to the requesting training program within a reasonable period of time after receipt of all required documentation. This time period shall not exceed three (3) months.

(b) The EMT-II Approving Authority shall establish the effective date of program approval in writing upon the satisfactory documentation of compliance with all program requirements.

(c) Program approval shall be for two (2) years following the effective date of program approval and may be renewed every two (2) years subject to the procedure for program approval specified in this Chapter.

NOTE: Authority cited: Sections 1797.107 and 1797.171, Health and Safety Code.

Reference: Sections 1797.171, 1797.173 and 1797.208, Health and Safety Code.

#### **100115. Application of regulations to Existing Training Programs.**

All EMT-II training programs in operation prior to the effective date of these regulations shall submit evidence of compliance with this Chapter to the EMT-II Approving Authority for the county in which they are located within six (6) months after the effective date of these regulations.

NOTE: Authority cited: Sections 1797.107 and 1797.171, Health and Safety Code.

Reference: Section 1797.171 Health and Safety Code.

#### **10116. Program Review and Reporting.**

(a) All program materials specified in this Chapter shall be subject to periodic review by the EMT-II Approving Authority.

(b) All programs shall be subject to periodic on-site evaluation by the EMT-II Approving Authority.

(c) Any person or agency conducting a training program shall notify the EMT-II Approving Authority in



writing, in advance when possible, and in all cases within thirty (30) days of any change in course content, hours of instruction, course director, program medical director, provisions for hospital clinical experience, or field internship.

NOTE: Authority cited: Sections 1797.107 and 1797.171, Health and Safety Code.

Reference: Sections 1797.171 and 1797.208, Health and Safety Code.

#### **100117. Withdrawal of Program Approval.**

Noncompliance with any criterion required for program approval, use of any unqualified teaching personnel, or noncompliance with any other applicable provision of this Chapter may result in withdrawal, suspension, or revocation of program approval by the EMT-II Approving Authority subject to the provision that an approved EMT-II training program shall have a reasonable opportunity to comply with this Chapter, but in no case shall the time exceed sixty (60) days from **date of written notice of intent to withdraw program approval**.

NOTE: Authority cited: Sections 1797.107 and 1797.171, Health and Safety Code.

Reference: Sections 1797.171, 1797.208 and 1798.208, Health and Safety Code.

#### **100118. Student Eligibility.**

(a) To be eligible to enter an EMT-II training program an individual shall meet the following requirements:

- (1) Possess a high school diploma or general education equivalent; and
- (2) Possess a current EMT-IA certificate in the State of California or have possessed a valid EMT-IA certificate within the past twelve (12) months; and
- (3) Possess a current Basic Cardiac Life Support card according to the standards of the American Heart Association or American Red Cross or have possessed a valid card within the past twelve (12) months; and
- (4) Have had at least one (1) year of patient field care experience as a certified EMT-I in the preceding two (2) years.

(b) The EMT-II Approving Authority, in consultation with the EMT-II training program, may also require that individual to demonstrate EMT-I skills and knowledge by satisfactory completion of a written and competency-based skills examination in order to be eligible to enter an EMT-II training program.

(c) EMT-II training programs which include the twenty-four (24) hour ambulance module and required testing as specified in Chapter 2 of this Division, may allow an individual to enter their training program who:

- (1) Possesses a current EMT-INA certificate in the State of California or has possessed a valid EMT-INA certificate in the State of California within the past twelve (12) months; and
- (2) meets the requirements of subsections (a) (1), (a) (3) and (a) (4) of this section.

NOTE: Authority cited: Sections 1797.107 and 1797.171, Health and Safety Code.

Reference: Sections 1797.171 and 1797.208, Health and Safety Code.

#### **100119. Required Course Hours.**

(a) The total EMT-II training program shall consist of not less than 306 hours. These training hours will

be divided into:

(1) A minimum of 210 hours of didactic and skills laboratory;

(2) Hospital clinical training and field internship combined shall equal a total of at least 96 hours.

Authorization may be given for the utilization of skills in the field on a modular basis. Any hospital clinical or field internship experience specific to that module that is obtained following field authorization may be counted as part of the total hospital clinical and field internship hours.

(b) The trainee shall have a minimum of twenty (20) ALS patient contacts, as defined, during the combined hospital clinical training and field internship. An ALS patient contact shall be defined as the performance, by the trainee, of one or more of the following skills on a patient; administration of intravenous fluids and medications specified in Section 100106(b) of this Chapter, pneumatic antishock trouser inflation, esophageal obturator airway insertion, insertion of intravenous lines to administer isotonic balanced salt solution on patients exhibiting signs of shock, defibrillation of a patient in ventricular fibrillation, cardioversion of an unconscious patient in ventricular tachycardia.

The twenty (20) ALS patient contacts shall be distributed among these skills. Each ALS patient contact by an EMT-II shall be documented in writing on a standard form and shall be signed by the training program medical director as verification of the fact that the ALS contact met the criteria set forth in this section. Of these twenty (20) ALS patient contacts, at least five (5) must be obtained during the field internship.

(c) The minimum hours shall not include the following:

(1) Course material designed to teach or test exclusively EMT-I knowledge or skills including CPR.

(2) Examination for student eligibility.

(3) The teaching of any material not prescribed in the Required Course Content Section of this Chapter.

(4) Examination for EMT-II certification.

NOTE: Authority cited: Sections 1797.107 and 1797.171, Health and Safety Code.

Reference: Section 1797.171, Health and Safety Code.

### **100120. Required Course Content.**

The content of an EMT-II course shall include instruction adequate to result in the EMT-II trainee being proficient in the following topics and skills listed in the modules below. Course content emphasis shall be on those topics and skills related to advanced life support. Training programs are not required to teach these topics and skills in the modular format or order indicated. However, field internship may be done on a modular basis.

(a) MODULE I: THE EMT-II

(1) Role and responsibilities of the EMT-II.

(2) Emergency medical services system components, including:

(A) Recognition and access;

(B) initiation of the emergency medical services response;

(C) management at the scene;

(D) health professional(s) at the scene;

(E) transportation of emergency personnel, equipment, and the patient;

(F) overview of hospital categorization and designation;

- (G) communications overview;
- (H) record keeping and evaluation;
- (I) multi-casualty incidents and disasters; and
- (J) state and local EMS system management.
- (3) Laws governing the EMT-II, including:
  - (A) Medical practice acts affecting EMT-IIs;
  - (B) comparison of EMT-I, EMT-II and EMT-P in California;
  - (C) Good Samaritan laws;
  - (D) duty to act;
  - (E) consent-implied and informed;
  - (F) abandonment;
  - (G) child abuse, elder abuse, or other laws that require reporting;
  - (H) legal detention;
  - (I) medical direction;
  - (J) written medical records; and
  - (K) local policies and procedures.
- (4) Issues concerning the health professional, including:
  - (A) Medical ethics;
  - (B) safeguards against communicable diseases;
  - (C) death and dying; and
  - (D) special procedures utilized for victims of suspected criminal acts, including preservation of evidence if appropriate.

**(b) MODULE II: HUMAN SYSTEMS AND PATIENT ASSESSMENT**

- (1) Medical terminology including anatomical terms for the EMT-II.
- (2) Human systems - basics of anatomy and physiology, including:
  - (A) The cell - basic structure and function;
  - (B) tissues;
  - (C) homeostasis;
  - (D) the skeleton;
  - (E) muscles;
  - (F) body cavities;
  - (G) circulatory system;
  - (H) respiratory system;
  - (I) digestive system;
  - (J) genitourinary system;
  - (K) nervous system; and
  - (L) surface anatomy.
- (3) Patient assessment for the EMT-II, including:
  - (A) Approach to patient assessment;
  - (B) the patient history, including scene assessment;
  - (C) physical examination;
  - (D) prioritization of assessment and management;
  - (E) reporting format for presenting patient information; and

(F) triage.

**(c) MODULE III: SHOCK AND FLUID THERAPY**

(1) Fluids and electrolytes, including the basics of:

(A) Body fluids and their distribution; and

(B) electrolytes.

(2) Blood and its composition.

(3) Intravenous solutions available to the EMT-II.

(4) Pathophysiology, specific patient assessment, associated complications, and the prehospital management of shock, including:

(A) Hypovolemic shock;

(B) cardiogenic shock;

(C) distributive shock; and

(D) obstructive shock.

(5) Management skills, including:

(A) Sterile techniques with IV tubing, bottle, and bag;

(B) peripheral intravenous catheter insertion;

(C) withdrawal of blood samples by venipuncture; and

(D) indications, contraindications, associated complications, and use of pneumatic shock trousers.

**(e) MODULE IV: GENERAL PHARMACOLOGY**

(1) Terminology

(2) Weights and measures, including:

(A) Review of the units and usage of the metric system; and

(B) computing drug dosages.

(3) Actions, indications, contraindications, dosages, use, interactions, side effects, and complications of the drugs specified in Section 100106(b)(6) of this Chapter.

(4) Administration skills, including:

(A) Preparation of medications;

(B) oral administration;

(C) use of pre-filled syringes;

(D) subcutaneous injections;

(E) intramuscular injections;

(F) administration of drugs through IV tubing medication port; and

(G) addition of drugs to IV bottle, bag, or volutrol and rate of infusion.

**(e) MODULE V: RESPIRATORY SYSTEM**

(1) Anatomy and physiology, including:

(A) Composition of gases in the environment;

(B) exchange of gases in the lung;

(C) regulation of respiration and

(D) respiration patterns.

(2) Pathophysiology, specific patient assessment, associated complications, and the prehospital management of hypoventilation and other respiratory problems, including:

(A) Dysfunction of spinal cord;

(B) upper and lower airway obstruction;

(C) chest trauma including:

1. mechanism of injury;
2. damage to great vessels and heart;
3. flail chest; and
4. pneumothorax, hemopneumothorax, and tension pneumothorax.

(D) spontaneous pneumothorax;

(E) asthma and chronic obstructive pulmonary disease;

(F) near drowning;

(G) toxic inhalations;

(H) acute pulmonary edema - cardiac and noncardiac;

(I) pulmonary embolism; and

(J) hyperventilation syndrome.

(3) Management skills, including:

(A) Chest auscultation;

(B) oxygen administration and devices;

(C) ventilatory techniques and devices;

(D) suctioning and portable suctioning devices; and

(E) esophageal intubation with esophageal airways; and

(F) basic airway adjunctive devices, including:

1. nasopharyngeal airways;

2. oropharyngeal airways;

(f) MODULE VI: CARDIOVASCULAR SYSTEM

(1) Anatomy and physiology, including:

(A) Cardiac cycle;

(B) Cardiac output and blood pressure;

(C) nervous system control;

(D) electromechanical system of the heart; and

(E) cardiac conduction system.

(2) Reading and understanding of a normal EKG rhythm strip, including:

(A) Electrophysiology;

(B) components of the EKG record;

(C) reading of an EKG rhythm strip; and

(D) identification of normal sinus rhythm.

(3) Pathophysiology, specific patient assessment, associated complications, and the prehospital management of cardiovascular problems, including:

(A) Coronary artery disease and angina;

(B) acute myocardial infarction;

(C) congestive heart failure;

(D) cardiogenic shock;

(E) syncope;

(F) cardiac arrest;

(G) hypertensive emergencies; and

(H) aortic aneurysm dissection and rupture.

- (4) Dysrhythmia recognition and prehospital management, including treatment protocols, for the following:
- (A) Sinus bradycardia with hypotension;
  - (B) third degree heart block;
  - (C) premature ventricular contractions;
  - (D) ventricular tachycardia;
  - (E) ventricular fibrillation;
  - (F) cardiac standstill (asystole); and
  - (G) electromechanical dissociation.
- (5) Familiarity with these additional dysrhythmia will be included:
- (A) Sinus tachycardia;
  - (B) premature atrial contractions;
  - (C) atrial flutter;
  - (D) atrial fibrillation;
  - (E) supraventricular tachycardia;
  - (F) first degree heart block;
  - (G) second degree heart block (Mobitz Type I and Type II);
  - (H) idioventricular rhythm;
  - (I) pacemaker rhythms; and
  - (J) artifact.
- (6) Management skills, including:
- (A) Application of monitoring electrodes;
  - (B) defibrillation;
  - (C) synchronized cardioversion;
  - (D) cardiopulmonary resuscitation; and
  - (E) complicated resuscitation situations similar to the mega code used in the American Heart Association's Advanced Cardiac Life Support (ACLS) course but modified for field situations and EMT-II scope of practice.
- (g) **MODULE VII: CENTRAL NERVOUS SYSTEM**
- (1) Anatomy and physiology, including brain and spinal cord.
  - (2) Pathophysiology, specific patient assessment, associated complications, and the prehospital management of central nervous system problems, including:
    - (A) head and spinal cord trauma including mechanism of injury; and
    - (B) altered levels of consciousness.
  - (3) Management skills, including:
    - (A) Cervical immobilization;
    - (B) spinal immobilization;
    - (C) management of head injuries; and
    - (D) management of altered levels of consciousness.
- (h) **MODULE VIII: SOFT TISSUE INJURIES (OMITTED)**
- (i) **MODULE IX: MUSCULOSKELETAL SYSTEM (OMITTED)**
- (j) **MODULE X: MEDICAL EMERGENCIES**
- (1) Pathophysiology. specific patient assessment, associated complications and the prehospital

management of medical emergencies, including:

(A) Diabetic emergencies, including diabetic ketoacidosis and hypoglycemic reactions;

(B) allergic reactions;

(C) alcohol and drug abuse;

(D) poisonings and drug overdose, including protocols for specific substances;

(E) environmental emergencies, including:

1. thermal environment and temperature regulation;

2. heat exposure;

3. cold exposure;

4. burns;

5. hazardous materials exposure, precautions, and management;

6. lightning and other electrical injuries; and

7. poisonous and nonpoisonous bites and stings.

(F) nontraumatic acute abdomen including massive gastrointestinal bleeding;

(G) communicable animal and vector borne diseases including special precautions;

(H) basic understanding of genitourinary problems; and

(I) special considerations for the geriatric patient.

(k) MODULE XI: OBSTETRIC AND GYNECOLOGIC EMERGENCIES

(1) Anatomy and physiology

(2) Pathophysiology, specific patient assessment, associated complications, and the prehospital management of obstetric and gynecologic emergencies, including:

(A) Vaginal bleeding;

(B) sexual assault to include provision of emotional support and preservation of evidence;

(C) ruptured ectopic pregnancy;

(D) supine hypotension syndrome;

(E) toxemia of pregnancy;

(F) placenta previa;

(G) abruptio placenta;

(H) the stages of labor and normal delivery;

(I) abnormal fetal presentation; and

(J) prolapsed cord.

(3) Pathophysiology, specific patient assessment, associated complications, and the prehospital management of the neonate, including:

(A) Temperature regulation;

(B) resuscitation; and

(C) assessment of the newborn.

(4) Management skills, including:

(A) Assisting with normal and abnormal deliveries; and

(B) neonatal resuscitations.

(l) MODULE XII: PEDIATRICS

(1) Anatomy and physiology, including growth and development in relationship to illness and injury;

(2) Special considerations to include:

(A) Approach to the pediatric patient; and

- (B) approach to parents.
- (3) Signs, symptoms, basic pathophysiology, specific patient assessment, associated complications, and the prehospital management of emergencies especially related to the pediatric age group, including:
  - (A) Supraglottitis (epiglottitis)
  - (B) foreign body aspiration;
  - (C) tracheobronchitis (croup);
  - (D) near drowning;
  - (E) sudden infant death syndrome;
  - (F) child abuse/neglect, sexual abuse, including preservation of evidence;
  - (G) cardiopulmonary arrest;
  - (H) seizures in the pediatric age group; and
  - (I) meningitis.
- (4) Management skills, including:
  - (A) CPR in infants and children;
  - (B) airway adjuncts utilized for neonates, infants and children;
  - (C) cooling measures; and
  - (D) intravenous techniques utilized for neonates, infants and children.
- (m) MODULE XIII: PSYCHIATRIC EMERGENCIES AND EMOTIONAL CRISIS

- (1) Psychological response to illness, injury, death and dying, by:
  - (A) Patients;
  - (B) family;
  - (C) friends;
  - (D) bystanders;
  - (E) EMT-IIs; and
  - (F) other responders.
- (2) Management of patients who are a danger to themselves and/or others, including restraining techniques and precautions.

(n) MODULE XIV: EXTRICATION AND RESCUE.

- (1) Multicasualty incident management including triage.
- (2) Disasters, including:
  - (A) Medical management;
  - (B) triage;
  - (C) integration of the EMT-II into disaster response; and
  - (D) local policies and protocols.
- (3) Hazardous materials management.

(o) MODULE XV: TELECOMMUNICATIONS

- (1) Basics of an EMS communication system.
- (2) Communication regulations and procedures, including:
  - (A) Communication policies and procedures; and
  - (B) radio use and reporting skills.

NOTE: Authority cited: Sections 1797.107 and 1797.171, Health and Safety Code.

Reference: Sections 1797.171 and 1797.173, Health and Safety Code.



### **100121. Required Testing.**

(a) An approved EMT-II program shall include periodic examinations and final comprehensive competency-based examinations to test the knowledge and skills specified in this Chapter. The final examination shall be a comprehensive examination to test the ability of the individual to assess and manage those conditions listed in Section 100120 of this Chapter. The final examination shall include a written component to test curriculum knowledge and a skills component for proficiency demonstration. Satisfactory performance by preestablished standards developed and/or approved by the EMT-II Approving Authority pursuant to Sections 100107 and 100113 of this Chapter, in these written and skills examinations shall be demonstrated for successful completion of the training program.

(b) Knowledge and skills proficiency shall be demonstrated in at least the following areas in order to successfully complete the training program:

(1) Knowledge of the pathophysiology, specific patient assessment, associated complications, and prehospital management of:

- (A) Shock;
- (B) respiratory emergencies;
- (C) cardiovascular emergencies;
- (D) central nervous system emergencies;
- (E) obstetric and gynecologic emergencies;
- (F) pediatric emergencies; and
- (G) medical emergencies.

(2) Knowledge of:

- (A) General pharmacology;
- (B) medicolegal aspects related to EMT-II services; and
- (C) multicasualty and disaster situations.

(3) Knowledge and skills proficiency in:

- (A) Patient assessment, including chest auscultation;
- (B) peripheral intravenous insertion;
- (C) indications, contraindications, associated complications, and use of pneumatic antishock trousers;
- (D) administration of medication;
- (E) esophageal intubation with esophageal airways;
- (F) cardiac monitoring and dysrhythmia recognition;
- (G) defibrillation/cardioversion;
- (H) telecommunications;
- (I) basic life support of neonates, infants, children, and adults (basic CPR cards may be used as proof of competency); and
- (J) EMT-I skills including but not limited to spinal immobilization and traction splinting;
- (K) complicated resuscitation situations similar to the mega code used in American Heart Association ACLS courses but modified for field situation and EMT-II scope of practice; and
- (L) local policies, procedures, and treatment protocols.

(c) The EMT-II Certifying Authority may provide the final examination and skills tests and designate such tests as the measure of competency for certification.

NOTE: Authority cited: Sections 1797.107 and 1797.171, Health and Safety Code.

Reference: Sections 1797.171, 1797.208 and 1797.210, Health and Safety Code.

#### **100122. Course Completion Record.**

- (a) An approved EMT-II training program shall issue a course completion record to each person who has successfully completed the EMT-II training program.
- (b) The course completion record shall contain the following:
  - (1) The name of the individual.
  - (2) The date of completion.
  - (3) The following statement: "The individual named on this record has successfully completed an approved EMT-II training program."
  - (4) The name of the EMT-II Approving Authority.
  - (5) The signature of the course director.
  - (6) The name and location of the training program issuing the record.
  - (7) The following statement in bold print: "This is not an EMT-II certificate."
- (c) The name and address of each person receiving a course completion record and the date on which the record was issued shall be reported in writing to the EMT-II Certifying Authority for the county in which the training was given within thirty (30) days of course completion.

### **Article 4. Certification**

#### **100123. Certification.**

- (a) In order to be eligible for certification an individual shall:
  - (1) Possess a current EMT-IA certificate in the State of California or have possessed a valid EMT-IA certificate within the last twelve (12) months.
  - (2) Have an EMT-II course completion record or other documented proof of successful completion of an approved EMT-II training program.
  - (3) Pass, by preestablished standards developed and/or approved by the EMT-II Certifying Authority pursuant to this section and Section 100107 of this Chapter, a competency-based written and skills certifying examination which tests the ability to assess and manage the conditions listed in Section 100120 of this Chapter, approved by the EMT-II Certifying Authority.
  - (4) Be eighteen (18) years of age or older.
  - (5) Comply with other reasonable requirements, as may be established by the local EMT-II Certifying Authority, such as:
    - (A) Completion of an application form.
    - (B) Completion of a statement that the individual is not precluded from certification for reasons defined in Section 1798.200 of the Health and Safety Code.
    - (C) Pay the established fee.
    - (D) Furnish a photograph for identification purposes.
    - (E) Provide proof of affiliation with an approved EMT-II service provider.
    - (F) Complete a precertification field evaluation.
- (b) An individual who possesses a current EMT-II or EMT-P certificate or has possessed a valid EMT-II or an EMT-P certificate in one or more counties in California, shall be eligible for

certification upon fulfilling the requirements of subsections (a)(2), (a)(3), (a)(4) and (a)(5) of this section and meets the following requirements.

(1) Provides satisfactory evidence that his/her training included the required course content as specified in Section 100120 of this Chapter.

(2) Successfully completes training and demonstrates competency in any additional prehospital emergency medical care treatment practice(s) required by the local EMT-II Certifying Authority pursuant to subsection 100106 (b)(10) of this Chapter.

(c) An individual who possesses a current EMT-Intermediate or EMT-P certificate, or who has possesses a valid EMT-Intermediate or an EMT-P certificate from another state, may be eligible for certification when that individual fulfills the requirements of subsections (a)(2), (a)(3), (a) (4) and (a)(5) of this section and meets the following requirements:

(1) Provide satisfactory evidence that his/her EMT-Intermediate or EMT-P training included in the required course content as specified in Section 100120 of this Chapter. If the individual's training did not include the required course content as specified in Section 100120 of this Chapter, then the individual shall successfully complete training in those topics and skills required to bring an individual to the level of competence required to certification as an EMT-II in California.

(2) Successfully completes training and demonstrates competency in any additional prehospital emergency medical care practice(s) required by the EMT-II Certifying Authority pursuant to subsection 100106(b)(10) of this Chapter.

(d) A physician, registered nurse, or a physician assistant currently licensed by the State of California shall be eligible for participation in the prehospital emergency medical care system as an EMT-II upon passing, by preestablished standards developed and/or approved by the EMT-II Certifying Authority pursuant to Section 100107 of this Chapter, a competency-based written and skills examination that tests knowledge and proficiency in the areas specified in Section 100121 of this Chapter and skills defined by the local EMS Agency. The individual shall also fulfill the requirements of subsection (a)(5) of this section.

(e) The certifying examination shall include, but not be limited to, knowledge proficiency in the areas specified in Section 100121(b) of this Chapter and skills proficiency as defined by the local EMS Agency.

(f) Each EMT-II Certifying Authority shall provide for adequate certification tests to accommodate the eligible individuals requesting certification within their area of jurisdiction, but in no case less than once per year, unless otherwise specified by their EMT-II Approving Authority.

(g) The EMT-II Certifying Authority may waive portions of, or all of, the certifying examination for individuals who are currently certified as EMT-II or EMT-P in a California county. In such situations, the EMT-II Certifying Authority shall issue a certificate which shall have as its expiration date, a date not to exceed the date on the individual's current certificate.

(h) The EMT-II Certifying Authority shall issue a wallet-sized certificate to eligible individuals who apply for certification and successfully complete the certification requirements. The certificate shall contain the following:

(1) The name of the individual certified.

(2) The certificate number.

(3) The date the certificate was issued.

(4) The date of expiration.

- (5) The name and location of the EMT-II Certifying Authority.
- (6) The name and signature of the individual authorized to certify, or facsimile of the same.
- (7) A statement that the individual named on the card has fulfilled the State of California requirements for certification as an EMT-II and is certified in the county or counties named on this certificate.

(I) Certification as an EMT-II shall be for a maximum of two (2) years from the effective date of certification. The effective date of certification, as used in this Chapter, shall be the date of successful passage of the EMT-II certifying examination and completion of all certification requirements.

(J) An individual currently certified as an EMT-II by the provisions of this section is deemed to be certified as an EMT-IA with no further testing required.

NOTE: Authority cited: Sections 1797.107, 1797.171 and 1797.175, Health and Safety Code.

Reference: Sections 1797.171, 1797.175, 1797.177 and 1797.210, Health and Safety Code.

#### **100124. Continuing Education.**

In order to maintain certification, an EMT-II shall participate in continuing education as required by the policies of the local EMS Agency. Continuing education for each EMT-II shall include but not be limited to participation in:

(a) An organized field care audit of recorded or written patient care records no less than six (6) times per year in accordance with policies established by the local EMS Agency.

(b) Periodic training sessions or structured clinical experience or a combination thereof in EMT-I (basic) and EMT-II (limited advanced) life support knowledge and skills, including CPR and required field care audits, totaling no less than forty-eight (48) hours every two (2) years.

(c) A monthly demonstration of selected skills proficiency documented by the hospital to which the EMT-II is assigned. The following skills shall be demonstrated on a regular basis:

- (1) Patient assessment, communications, and reporting techniques;
- (2) use of the esophageal airway;
- (3) intravenous infusion technique;
- (4) preparation and administration of the drugs in the EMT-II formulary;
- (5) the application of pneumatic antishock trousers including understanding of the principles of removal of pneumatic antishock trousers;
- (6) cardiac dysrhythmia recognition and interpretation;
- (7) cardiac defibrillation and cardioversion; and
- (8) review of selected basic life support procedures.

(d) The monthly demonstration of skills may be reduced to a quarterly demonstration of skills if the EMT-II has:

- (1) Two (2) complete years of experience as an EMT-II;
- (2) eighty (80) ALS runs;
- (3) a positive recommendation from the assigned EMT-II's base hospital medical director;
- (4) a positive recommendation from the employer EMT-II service provider;
- (5) approval of the medical director of the local EMS Agency.

NOTE: Authority cited: Sections 1797.107, 1797.171 and 1797.175, Health and Safety Code.  
Reference: Sections 179.171, 1797.175 and 1797.214, Health and Safety Code.

### **100125. Recertification.**

(a) In order to be eligible for recertification an individual shall:

- (1) Possess a valid EMT-II certificate which is current.
  - (2) Apply for recertification with the same EMT-II Certifying Authority which issued the certificate referenced in subsection (a)(1) of this section.
  - (3) Successfully complete the continuing education requirements of the local EMS Agency.
  - (4) Satisfy any continuous service requirement prescribed by the policies and procedures of the local EMS agency.
  - (5) Demonstrate EMT-II skills and knowledge through the passage by preestablished standards developed and/or approved by the EMT-II Certifying Authority pursuant to Section 100107 and subsection 100123 (a)(3) of this Chapter, a competency-based written and skills examination which has been approved by the EMT-II Certifying Authority, and meets the standards for an EMT-II certifying examination as prescribed in this Chapter.
- (b) The effective date of recertification shall be the date of successful passage of the competency-based written and skills examination and completion of all recertification requirements.
- (c) Each EMT-II Certifying Authority shall provide for adequate recertification tests to accommodate those certified individuals within the jurisdiction of the EMT-II Certifying Authority, but in no case less than once per year, unless otherwise specified by the EMT-II Approving Authority.
- (d) The EMT-II Certifying Authority shall issue a wallet-sized certificate to eligible individuals who apply for recertification and successfully complete the recertification requirements. The certificate shall contain the information specified in subsection 100123(h).

NOTE: Authority cited: Sections 1797.107, 1797.171 and 1797.175, Health and Safety Code.  
Reference: Sections 1797.171, 1797.175 and 1797.210, Health and Safety Code.

## **Article 5. Operational Requirements.**

### **100126. EMT-II Service Provider.**

- (a) A local EMS Agency with a limited advanced life support system shall establish policies and procedures for the approval and designation of an EMT-II service provider(s). These policies and procedures shall include provisions requiring an EMT-II to be affiliated with an approved EMT-II service provider in order to perform the scope of practice specified in this Chapter for an EMT-II.
- (b) An approved service provider shall:
- (1) Provide emergency medical service response on a continuous twenty-four (24) hours per day basis unless otherwise specified by the local EMS Agency, in which case there shall be adequate justification for the exemption (e.g., lifeguards, ski patrol, personnel, etc.).
  - (2) Have and agree to utilize and maintain telecommunications as specified by the local EMS Agency.
  - (3) Have and agree to maintain a drug and solution inventory, basic and limited advanced life support medical equipment and supplies as specified by the local EMS Agency.
  - (4) Have a written agreement with the local EMS Agency to participate in the limited advanced life

support program and to comply with all applicable State regulations, and local policies and procedures, including a mechanism to assure compliance.

(c) No EMT-II service provider shall advertise itself as providing advanced life support services unless it does, in fact, routinely provide advanced life support services on a continuous twenty-four (24) hours per day basis and meets the requirements of subsection (b) of this section.

(d) No responding unit shall advertise itself as providing advanced life support services unless it does, in fact, provide advanced life support services and meets the requirements of subsection (b) of this section.

(e) The local EMS Agency shall review its agreement with each EMT-II provider at least every two (2) years. Such agreement may be changed, renewed, cancelled, or otherwise modified at that time.

(f) The local EMS Agency may deny, suspend, or revoke the approval of an EMT-II service provider for failure to comply with applicable policies, procedures, and regulations.

NOTE: Authority cited: Sections 1797.107 and 1797.171, Health and Safety Code.

Reference: Sections 1797.171, 1797.180, 1797.204 and 1797.218, Health and Safety Code.

#### **100127. EMT-II Base Hospital.**

(a) A local EMS Agency with a limited advanced life support system shall approve and designate selected EMT-II base hospital(s) as the local EMS Agency deems necessary to provide immediate medical direction and supervision of an EMT-II personnel in accordance with policies and procedures established by the local EMS Agency.

(b) An approved EMT-II base hospital shall:

(1) Be licensed by the State Department of Health Services as a general acute care hospital.

(2) Have a special permit for Basic or Comprehensive Emergency Medical Service pursuant to the provisions of Division 5.

(3) Have and agree to utilize and maintain two-way telecommunications as specified by the local EMS Agency, capable of direct two-way voice communication with the EMT-II field units assigned to the hospital.

(4) Have a written agreement with the local EMS Agency indicating the commitment of hospital administration, medical staff and emergency department staff to meet the requirements for program participation as specified in this Chapter and by the local EMS Agency's policies and procedures.

(5) Assure that a physician licensed in the State of California is assigned to the emergency department and is available at all times to provide immediate medical direction to the authorized registered nurse or EMT-II personnel.

(6) Assure that the nurses giving radio direction to EMT-II personnel are trained and certified as authorized registered nurses by the medical directors of the local EMS Agency.

(7) Designate an EMT-II base hospital medical director who shall be a physician on the hospital staff, licensed in the State of California and have experience in emergency medical care. This physician shall be regularly assigned to the emergency department, have experience in and knowledge of base hospital telecommunications and local EMS Agency policies and procedures and shall be responsible for overall medical control and supervision of the EMT-II program within the base hospital's area of responsibility, including review of patient care records and critique with personnel involved. The EMT-II base hospital medical director shall be responsible for reporting deficiencies in patient care to the local EMS Agency.

- (8) Identify an authorized registered nurse with experience in and knowledge of base hospital telecommunications and local EMS Agency policies and procedures as a prehospital liaison to assist the base hospital medical director in the medical control and supervision of the EMT-IIs.
- (9) Ensure that a mechanism exists for replacing medical supplies and equipment used by limited advanced life support personnel during treatment of patients according to policies and procedures established by the local EMS Agency.
- (10) Ensure a mechanism exists for initial supply and replacement of controlled substances administered by limited advanced life support personnel during treatment of patients according to policies and procedures established by the local EMS Agency.
- (11) Provide for continuing education in accordance with the policies and procedures of the local EMS Agency.
- (12) Agree to maintain and make available to the local EMS Agency all relevant records for program monitoring and evaluation of the limited advanced life support system.
- (c) The local EMS Agency shall review its agreement with each EMT-II base hospital at least every two (2) years. Such agreement may be changed, reviewed, cancelled, or otherwise modified as necessary.
- (d) The local EMS Agency may deny, suspend, or revoke the approval of an EMT-II base hospital for failure to comply with any applicable policies, procedures, and regulations.
- (e) The local EMS Agency may designate other facilities to assist the base hospital in fulfilling its functions.

NOTE: Authority cited: Sections 1797.107 and 1797.171, Health and Safety Code.

Reference: Sections 1797.58, 1797.171, 1797.178, 1798, 1798.2, 1798.100, 1798.102 and 1798.104, Health and Safety Code.

### **100128. Medical Control.**

A local EMS Agency with a limited advanced life support system shall, in conjunction with its medical director, establish and maintain medical control in the following manner:

- (a) Prospectively, by assuring the development of written medical policies and procedures, to include:
  - (1) Readily accessible treatment procedures which encompass the EMT-II scope of practice.
  - (2) Local medical control policies and procedures as they pertain to the EMT-II base hospitals, EMT-II designated facilities, EMT-II service providers, EMT-II personnel, and the local EMS Agency.
  - (3) Criteria for initiating specified emergency treatments, which are consistent with this Chapter, for use in the event of communication failure.
  - (4) Criteria for initiating specified emergency treatments prior to voice contact, which are consistent with this Chapter.
  - (5) Requirements to be followed when it is determined that the patient is not to be transported to the hospital by ambulance. Such requirements shall include, but not be limited to:
    - (A) Specific medical conditions where telecommunication is required.
    - (B) Written reports, if the patient is not transported, shall be reviewed at least on a monthly basis by the base hospital medical director.
  - (6) Requirements for establishing medical direction by a satellite hospital under the medical control of a base hospital.

(7) Requirements for initiating, completing, reviewing and retaining patient care records as specified in this Chapter. These requirements shall address, but not be limited to:

- (A) Initiation of a record for every patient contact.
- (B) Responsibilities for record completion.
- (C) Responsibilities for record review and evaluation.
- (D) Responsibilities for record retention.

(b) Immediately, by providing for direct voice control by an EMT-II base hospital designated physician or authorized registered nurse. Those provisions shall include the following:

(1) An EMT-II shall be assigned to a specific EMT-II base hospital and, unless otherwise specified in this Chapter, shall not initiate limited advanced life support procedures without a direct voice order from that base hospital or a designated facility which contracts with the base hospital. The local EMS Agency may develop policies and procedures which allow for direct voice orders from other EMT-II hospitals under specific conditions.

(2) An EMT-II initiating a limited advanced life support procedure shall attend the patient during transport unless otherwise specified by local EMS Agency procedures.

(c) Retrospectively, by providing for organized evaluation and continuing education for EMT-II personnel. This shall include, but need not be limited to:

(1) Review by a base hospital physician or authorized registered nurse of the appropriateness and adequacy of advanced life support procedures initiated and decisions regarding transport.

(2) Maintenance of records of communications between the service provider(s) and the base hospital through tape recordings and through emergency department communication logs sufficient to allow for medical control and continuing education of the EMT-II.

(3) Organized field care audit(s).

(4) Organized opportunities for continuing education including maintenance and proficiency of skills as specified in this Chapter.

NOTE: Authority cited: Sections 1797.107, 1797.171 and 1797.176, Health and Safety Code.

Reference: Sections 1797.90, 1797.171, 1797.202, 1797.220, 1798, 1798.2, 1798.4, Health and Safety Code.

## **Article 6. Record Keeping and Fees**

### **100129. Record Keeping.**

(a) Each EMT-II Approving Authority shall maintain a record of approved training programs within its jurisdiction and provide the State EMS Authority annually with the names, addresses, and course director of each approved program and the number of currently certified EMT-IIs. The State EMS Authority shall be notified of any changes in the list of approved training programs as such occurs.

(b) Each EMT-II Approving Authority shall maintain a list of current EMT-II program medical directors, course directors and principal instructors.

(c) The State EMS Authority shall maintain a record of approved EMT-II training programs.

(d) Each EMT-II Certifying Authority shall, at a minimum, maintain a list of all EMT-IIs certified or recertified by them in the preceding three (3) years. Each EMT-II Certifying Authority shall maintain a list of all EMT-IIs whose certificate has been suspended or revoked and submit the names to the State EMS Authority as such occurs.



(e) The EMT-II patient care record referenced in 100128(a)(7) shall contain, but not be limited to, the following information:

- (1) The date and estimated time of incident.
- (2) The time of receipt of the call.
- (3) The time of arrival at the scene.
- (4) Time of advanced life support intervention.
- (5) The location of the incident.
- (6) The patient's:
  - (A) Name;
  - (B) age;
  - (C) gender;
  - (D) estimated weight;
  - (E) address;
  - (F) chief complaint; and
  - (G) vital signs.
- (7) Appropriate physical examination.
- (8) The emergency care rendered and the patient's response to treatment.
- (9) Name of designated physician and/or authorized registered nurse issuing orders.
- (10) Patient disposition.
- (11) The time of departure from scene.
- (12) The time of arrival at receiving hospital (if transported).
- (13) The name of receiving facility (if transported).
- (14) The name(s) and certificate number(s) of the EMT-II(s).
- (15) Signature(s) of EMT-II(s).

NOTE: Authority cited: Sections 179.107, 1797.171 and 1797.175, Health and Safety Code.

Reference: Sections 1797.171 and 1797.173, 1797.200, 1797.202, 1797.204 and 1797.208, Health and Safety Code.

### **100130. Fees.**

A local EMS Agency may establish a schedule of fees for EMT-II training program review and approval, EMT-II certification, and the EMT-II recertification in an amount sufficient to cover the reasonable cost of complying with the provisions of this Chapter.

NOTE: Authority cited: Sections 1797.107, 1797.171 and 1797.212, Health and Safety Code.

Reference: Sections 1797.171 and 1797.212, Health and Safety Code.